**Pregnancy Maintenance Initiative (PMI) 2017-2018 Date Generated:** 12/07/2016

**Pregnancy Maintenance Initiative (PMI)** 

**Period:** 07/01/2017 - 06/30/2018

Filter(s): Not Applied

## **Grouping A - Administration and Management**

Goal: A.1 - Capacity building and accountability							
Start	Start Date:						
End Date:							
Demonstrated:							
Attac	Attach proof of Non-Profit Status (501(c)(3))						
Did y	ou attach your Non-Profit Status (501(c)(3))?:						
	List your PMI Program staff names, positions and email addresses (Note the staff member who is the Primary Point of Contact):						
Attac	h an Agency Organizational Chart						
	ou attach an Agency Organizational Chart that clearly identifies where the PMI section falls within the agency and the associated?:						
St	rategy: A.1.1 - Build internal capacity						
St	art Date:						
Er	nd Date:						
De	emonstrated:						
	mmarize your staff management plan to include verification of staff licensure, documentation of mandated training, rformance appraisal process and professional development plan.:						
	Requirement: A.1.1.1 - Attend annual meeting/training provided by KDHE						
	Start Date:						
	End Date:						
	Demonstrated:						
	Requirement: A.1.1.2 - Provide orientation and training of new staff						
	Start Date:						
	End Date:						
	Demonstrated:						
	Describe your process for orienting and training staff new to the PMI program.:						
	Requirement: A.1.1.3 - Develop a method for recruiting selecting, and training staff						
	Start Date:						
	End Date:						
	Demonstrated:						
St	rategy: A.1.2 - Communicate and coordinate local work with State staff						
St	art Date:						
Er	nd Date:						
De	emonstrated:						

	Requirement: A.1.2.1 - Submit Financial Status Report and Client Demographic Summary quarterly
	Start Date:
	End Date:
	Demonstrated:
	Requirement: A.1.2.2 - Submit Quarterly Progress Report
	Start Date:
	End Date:
	Demonstrated:
	Requirement: A.1.2.3 - Participate in site visits and technical assistance calls as requested by the State
	Start Date:
	End Date:
	Demonstrated:
al	: A.2 - Program evaluation
rt	Date:
<b>d</b> ]	Date:
me	onstrated:
St	trategy: A.2.1 - Develop a program evaluation process to ensure services are provided as proposed
St	tart Date:
E	and Date:
D	
	Start Date: End Date:
	Demonstrated:
	Attach a Client Satisfaction Survey in the attachment section above
	Did you attach a Client Satisfaction Survey?:
	<b>Requirement:</b> A.2.1.2 - Develop and maintain program policies and procedures that are based on program standards and guidelines.
	Start Date:
	End Date:
	Demonstrated:
St	trategy: A.2.2 - Create and maintain a functioning advisory group.
St	tart Date:
	nd Date:
E	
	Demonstrated:
D	
D	Demonstrated:
D	Demonstrated: Describe your PMI Advisory Group membership and frequency of meetings.:
D	Demonstrated: Describe your PMI Advisory Group membership and frequency of meetings.: Requirement: A.2.2.1 - Composition of the advisory group will reflect the community (race, ethnicity, SES)

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		Requirement: A.2.2.2 - Regular meetings will be held and minutes of the meeting kept		
		Start Date:		
		End Date:		
		Demonstrated:		
Gr	ou	ping B - Data and Information		
Go	al:	B.1 - Measure program impact		
Sta	rt I	Date:		
En	d D	eate:		
De	moi	nstrated:		
Des	scri	be your program goals, objectives and outcome measures.:		
	Str	rategy: B.1.1 - Develop an evaluation tool to measure program effectiveness		
	Sta	nrt Date:		
	En	d Date:		
	De	monstrated:		
	Ho	w will you measure effectiveness of services, interventions and referral networks?:		
	Ho	wwwill you ensure services provided are those needed by clients?:		
	wh	scribe your plan for collecting and entering client information into DAISEY (KDHE approved data system), including to will collect the information, how it will be collected and when it will be entered. If you also enter client data in other system, include the name of the system (Insight, Nightingale Notes, etc.):		
		tach a current DAISEY Terms of Use Agreement signed by your agency for FY 2018 (electronic or handwritten natures are acceptable).		
	Dic	d you attach a signed DAISEY Terms of Use Agreement for FY 2018?:		
		Requirement: B.1.1.1 - Gather and use data to plan and evaluate interventions and referral networks		
		Start Date:		
		End Date:		
		Demonstrated:		
		Requirement: B.1.1.2 - Gather and use data to assess program impact		
		Start Date:		
	Ī	End Date:		
		Demonstrated:		
Gr	ou	ping D - Interventions to Improve Public Health		
Go	al:	D.1 - Provide services to enable pregnant women to carry their pregnancies to term		
Sta	rt I	Date:		
En	d D	Pate:		
De	moı	nstrated:		
Describe services to be provided to pregnant women that will enable them to carry their pregnancies to term. Note the strategies and curriculums used and note whether or not they are evidence-based.:				
Estimate the total number of clients to be served during the grant period.:				
Estimate the number of new enrollees to be served during the grant period:				
	Select all counties to be served below			
County:				

3	ır	rategy: D.1.1 - Assure that no individuals unable to pay will be defiled pregnancy maintenance services				
S	ta	art Date:				
E	Cn	d Date:				
L	)e	monstrated:				
		<b>Requirement: D.1.1.1</b> - Have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented				
		Start Date:				
		End Date:				
		Demonstrated:				
S	Str	rategy: D.1.2 - Adoption services and pregnancy education will be part of the program				
S	sta 	art Date:				
E	En	d Date:				
		monstrated:				
L	e 	scribe the adoption services and pregnancy education to be provided as part of the program.:				
		Requirement: D.1.2.1 - Case managers to attend adoption training class				
		Start Date:				
		End Date:				
		Demonstrated:				
		Requirement: D.1.2.2 - Provide plan for providing adoption as an option				
		Start Date:				
		End Date:				
		Demonstrated:				
		Requirement: D.1.2.3 - Provide adequate resources and referrals				
		Start Date:				
		End Date:				
		Demonstrated:				
		<b>D.2</b> - The program shall not perform, promote or refer for education in favor of abortion.				
		Date:				
End						
		nstrated:				
	-	ou provide assurances that the program will not perform, promote or refer for education in favor of abortion?:				
		rategy: D.2.1 - Provide assurances				
		art Date:				
		d Date:				
L	)e	monstrated:				
Gro	Grouping E - Communications and Promotions					
Goal: E.1 - Increase public awareness of services and generate buy in						
Star	Start Date:					
 End	End Date:					

**Demonstrated:** 

	Str	rategy: E.1.1 - Promote services to community
	Sta	nrt Date:
	En	d Date:
	De	monstrated:
	Ho	w will you promote your Pregnancy Maintenance Initiative (PMI) services to the community?:
	Str	rategy: E.1.2 - Planned outreach activities
	Sta	nrt Date:
	En	d Date:
	De	monstrated:
	WI	hat are your planned outreach activities?:
	Str	rategy: E.1.3 - Target and recruit clients
	Sta	nrt Date:
	En	d Date:
	De	monstrated:
Gr	ou	ping F - Partnerships
Go	al:	F.1 - Collaborative partnerships with community providers
Sta	rt l	Date:
En	d D	vate:
De	mo	nstrated:
	Str	rategy: F.1.1 - Build and maintain local partnerships
	Sta	nrt Date:
	En	d Date:
	De	monstrated:
		Requirement: F.1.1.1 - Develop and maintain collaborative partnerships with community providers of related services
		Start Date:
		End Date:
		Demonstrated:
		Identify your key partners including community-based health, social service providers, and Maternal and Child Health (MCH). Describe how you collaborate to ensure needed services are provided.:
		Requirement: F.1.1.2 - Develop referral sources for related services
		Start Date:
		End Date:
		Demonstrated:
		Requirement: F.1.1.3 - Track referrals made and outcomes of those referrals
		Start Date:
		End Date:
		Demonstrated:
		When referring for services outside the program, what are the processes for initiating referrals and for follow-up after referral to ensure clients engage in the services?: